



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
(Date Stamp)

**For filing with the Department of Ecology or with
County Water Conservancy Boards**

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain:

**See Associated Earth Sciences Inc. Project
Summary Report for Water Right G1-02351C.**

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE \$ _____
DATE ACCEPTED _____ BY _____
CHANGE NO. _____
COUNTY _____ WRIA _____
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information

APPLICANT/BUSINESS NAME Andy Enfield/Enfield Farms, Inc.	PHONE NO. 360-354-3019	FAX NO.
ADDRESS 1064 Birch-Bay Lynden Road		
CITY Lynden	STATE WA	ZIP CODE 98264

CONTACT (IF DIFFERENT FROM ABOVE) Charles S. Lindsay/Associated Earth Sciences, Inc.	PHONE NO. 425-259-0522	FAX NO. 425-252-3408
ADDRESS 2911 1/2 Hewitt Ave., Suite 2		
CITY Everett	STATE WA	ZIP CODE 98201

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Andy Enfield/Enfield Farms, Inc.	PHONE NO. 360-354-3019	FAX NO.
ADDRESS 1064 Birch-Bay Lynden Road		
CITY Lynden	STATE WA	ZIP CODE 98264

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G1-02351CWRIS	RECORDED NAME(S) W.E. Maberry
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application. See AESI report.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC	TWP.	RGE.	PARCEL #	WELL TAG #
Irrigation Well	HW-2	SW	SE	22	40N	2E	400222334134	BHN677
Irrigation Well	HW-5	SW	SE	22	40N	2E	400222334134	BHE773
Irrigation Well	IW-4	SW	SE	22	40N	2E	400222313012	BHE774
Irrigation Well	IW-5	SW	SE	22	40N	2E	400222313012	BHE775
Irrigation Well	IW-6	SW	SE	22	40N	2E	400222334134	ACB994

B. Proposed

SOURCE	NO.	¼	¼	SEC	TWP.	RGE.	PARCEL #	WELL TAG #
Current Irrigation Wells	HW-1	NW	SW	22	40N	2E	400222135197	BHN668
	HW-2	SW	SE	22	40N	2E	400222334134	BHN677
	HW-3	NE	SE	21	40N	2E	400221456167	BHN678
	HW-4	SW	NW	22	40N	2E	400222065318	BHE777
	HW-5	SW	SE	22	40N	2E	400222334134	BHE773
	HW-6	SE	SW	22	40N	2E	400222210076	BHN667
	IW-1	NW	SW	22	40N	2E	400222021162	BHN673
	IW-2	SE	SE	21	40N	2E	400221460037	BHN666
	IW-3	SE	SE	21	40N	2E	400221460037	BHE776
	IW-4	SW	SE	22	40N	2E	400222313012	BHE774
	IW-5	SW	SE	22	40N	2E	400222313012	BHE775
	IW-6	SW	SE	22	40N	2E	400222334134	ACB994
Future Irrigation Wells		NE	SE	21	40N	2E	400221522186	
		SE	SE	21	40N	2E	400221469097	
		SE	NW	22	40N	2E	400222206332	
		NW	SW	22	40N	2E	400222075251	
		SE	NW	22	40N	2E	400222200400	
		SW	NW	22	40N	2E	400222077282	
		NW	NE	27	40N	2E	400227282462	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. See Associated Earth Sciences Inc. Project Summary Report for Water Right G1-02351C.

Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	320 GPM	105.0	April 15 through October 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Industrial	320 GPM	12.5	April 15 through October 1

4. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
West ½ of SE1/4, Sec 22, T40N, R2E							
1/2	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
W	SE	22	40N	2E	Whatcom	400222334134	70
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: See AESI Project Summary Report for Water Right G1-02351C.							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
West ½ of SE1/4, Sec 22, T40N, R2E. See Associated Earth Sciences Inc. Project Summary Report for Water Right G1-02351C.							
1/2	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
W	SE	22	40N	2E	Whatcom	400222334134	
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. See AESI Project Summary Report for Water Right G1-02351C.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): S1-05117C, G1-30114CL, G1-002744CL. See Associated Earth Sciences Inc. Project Summary Report for Water Right G1-02351C.	

Remarks and Other Relevant Information:

See AESI Project Summary Report for Water Right G1-02351C.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

5. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Andy Enfield, Vice President Enfield Farms, Inc.

Applicant Printed Name – Title

Applicant Signature

 / /
(Date)

Andy Enfield, Vice President Enfield Farms, Inc.

Water Right Holder Printed Name

Water Right Holder Signature

 / /
(Date)

Andy Enfield, Vice President Enfield Farms, Inc.

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

 / /
(Date)

Andy Enfield, Vice President Enfield Farms, Inc.

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

 / /
(Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ **DATE:** ____/____/____